

<b>State of Washington</b> <b>Department of Retirement Systems (DRS)</b>  <b>LEGAL ORDER PAYEE MEMBER BENEFICIARY DESIGNATION</b>		<b>Return completed form to DRS</b> PO Box 48380 Olympia, WA 98504-8380 Toll Free: 1-800-547-6657 Olympia Area: 360-664-7000 TDD: 360-586-5450		
<b>Important: Before completing this form, carefully read the instructions on the back.</b>				
<b>SECTION ONE: Identification – Please type or print in dark ink</b>				
Last Name		First Name		
		Middle Name		
Social Security Number	Daytime Telephone Number (   )	Evening Telephone Number (   )		
Name of Retirement System and Plan: (check one only)				
<input type="checkbox"/> PERS Plan 1 <input type="checkbox"/> PERS Plan 2 <input type="checkbox"/> PERS Plan 3 <input type="checkbox"/> SERS Plan 2 <input type="checkbox"/> SERS Plan 3				
<input type="checkbox"/> TRS Plan 1 <input type="checkbox"/> TRS Plan 2 <input type="checkbox"/> TRS Plan 3 <input type="checkbox"/> LEOFF Plan 2 <input type="checkbox"/> WSPRS Plan 2				
<b>SECTION TWO: Beneficiary Designation – You must designate at least one primary beneficiary</b>				
<b>Full Name of Persons or Estate (trusts below)</b>	<b>Designation (Check one)</b>	<b>Relationship</b>	<b>Date of Birth</b>	<b>Address</b>
	<input type="checkbox"/> Primary			Street
Social Security #:	<input type="checkbox"/> Contingent			City                      State                      Zip
	<input type="checkbox"/> Primary			Street
Social Security #:	<input type="checkbox"/> Contingent			City                      State                      Zip
	<input type="checkbox"/> Primary			Street
Social Security #:	<input type="checkbox"/> Contingent			City                      State                      Zip
	<input type="checkbox"/> Primary			Street
Social Security #:	<input type="checkbox"/> Contingent			City                      State                      Zip
<b>Trusts or Organizations (attach documentation)</b>	<b>Designation</b>	<b>Trustee or Administrator</b>	<b>Address</b>	
Name:	<input type="checkbox"/> Primary		Street	
	<input type="checkbox"/> Contingent		City                      State                      Zip	
<b>SECTION THREE: Certification – Complete in full</b>				
I, _____ (print name), hereby direct that any monies to my credit, unless otherwise specified or required by law, will be paid in equal shares to any primary beneficiaries named above who survive me. If none survive, such monies will be paid in equal shares to any contingent beneficiaries named above who survive me. I hereby certify that I have read and understand the instructions on this form and that all the information I have entered on this form is true and complete. Submission of this form revokes any prior designations that I have made.				
Signature _____ Date _____				
Address _____				
City _____ State _____ Zip Code _____				
<b>SECTION FOUR: Witness – To be completed by a person who witnesses your signature, other than a beneficiary</b>				
I, _____, am a witness that the above named person completed and signed this document.				
Witness name (cannot be a named beneficiary) – <b>please print in dark ink</b>				
Signature of Witness _____ Date _____				
Address _____				
City _____ State _____ Zip Code _____				

**INSTRUCTIONS:** Use this form to designate or change your beneficiary(ies) with the retirement system you indicated in Section One. The designated beneficiary(ies) will receive any monies due at the time of your death.

Your designated primary and contingent beneficiary(ies) may be a person, persons, your estate, a trust or an organization. If a trust is named, the legal documentation must be submitted with this form. Primary beneficiaries will receive any monies due when you die. If no primary beneficiary is alive at the time of your death, the contingent beneficiary(ies) will receive any money due.

To make your designation:

1. Complete Section One. Type or print in dark ink your full name, your Social Security Number and telephone number(s). Check the retirement system and plan of which your ex-spouse was a member.
2. Complete Section Two and check the appropriate box to indicate whether you wish to make that person or entity a primary or contingent beneficiary. You may designate more than one primary beneficiary. If you do, any money due will be divided equally among all named primary beneficiaries unless otherwise specified or required by law.

After naming your primary beneficiary(ies), you may name one or more contingent beneficiaries. If the primary beneficiaries are no longer living, the funds will be divided equally among all contingent beneficiaries unless otherwise specified or required by law.

When naming a person, always show given names. For example:  
MARY K. DOE (not Mrs. Robert Doe)

3. Complete and sign Section Three. Print your name on the first line and provide your signature and the date signed in the space provided. If the signature can only be made by mark, it must be witnessed by two persons who sign the form. The two witnesses must sign in Section Four and initial in Section Three if you marked with an "X".
4. Section Four: To protect you from fraudulent claims, it is required that another person witness your signature on this document and complete and sign Section Four. A beneficiary cannot be a witness.
5. The form must be returned to DRS, PO Box 48380, Olympia, WA 98504-8380.

**IMPORTANT:** Your beneficiary designation may be invalidated by marriage or divorce. Make a copy of your beneficiary designation and review it periodically to ensure that it is still valid.

Internal Revenue Code Sections 6041(A), and 6109 authorize the Department of Retirement Systems (DRS) to solicit your Social Security Number.

- The disclosure of your Social Security Number to DRS and its third party record keeper is mandatory.
- DRS and its third party record keeper will use your Social Security Number to ensure that any amounts disbursed under your account are properly reported to the Internal Revenue Service and as a reference number for tracking all data with regard to your retirement account.
- DRS and its third party record keeper will not disclose your Social Security Number to any party unless required by law.